



**2009 JUNIOR TEAM TENNIS
PARTICIPANT AGREEMENT**

USTA # if available _____
First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Date of Birth (mm/dd/yyyy) _____ Gender _____
E-mail _____
Home Phone _____ Cell Phone _____
Age Player will be on August 13, 2009 _____

MATCHES WILL BE HELD EVERY MONDAY FROM JUNE 15 – JULY 27.

8:30 AM 10 & UNDER AND 12 & UNDER
10:30 AM 14 & UNDER AND 18 & UNDER

PLEASE CHECK THE DATES YOU WILL BE AVAILABLE TO PLAY.

REGULAR SEASON:

____ JUNE 15 ____ JUNE 22 ____ JUNE 29 ____ JULY 6
____ JULY 13 ____ JULY 20 ____ JULY 27*

Depending on the number of team in a division, some teams will not have matches scheduled for July 27.

COLORADO STATE CHAMPIONSHIPS (Teams must qualify): ____ AUGUST 7-9

I, _____, AM COMMITTED TO ATTENDING THE DATES CHECKED ABOVE AND WILL ADVISE THE TEAM PARENT OR COACH 72 HOURS (3 DAYS) PRIOR TO ANY CANCELLATION AND WILL ASSIST IN FINDING A SUBSTITUTE IF NEEDED.

PARTICIPANT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE

**PLEASE FILL OUT FORM AND MAIL TO:
Lewis Tennis School, 1205 W. Elizabeth St. #E PMB 111, Fort Collins, CO 80521
Or bring to the Rolland Moore Pro Shop**